

**UNITED STATES BANKRUPTCY COURT**  
**- MIDDLE DISTRICT OF TENNESSEE -**

**TRANSCRIPT REQUEST FORM**

Please complete one form for each trial or hearing, attach payment (search fee only),  
and deliver to Clerk's office at: 701 BROADWAY, ROOM 170, NASHVILLE, TN 37203  
or file electronically through CM/ECF.

**1. NAME OF PARTY REQUESTING TRANSCRIPT**

Daniel C. Fleming, Esq.

**2. DATE OF ORDER**

9/23/2020

**3. EMAIL ADDRESS**

dfleming@wongfleming.com and sshalloo@wongfleming.com

**4. PHONE NUMBER**

609-951-9520

**5. MAILING ADDRESS**

WONG FLEMING  
821 Alexander Road, Suite 200  
Princeton, New Jersey 08540

**6. CASE NUMBER**

20-ap-90140

**7. CASE NAME**

CS Business Services v.  
America Cares Trust

**8. JUDGE**

Hon. Mashburn

**9. DATE(S) OF HEARING/TRIAL** (If hearing/trial was on multiple days, please fill in all days hearing/trial held)

From 9/17 Expedited Motion at 1:00pm to \_\_\_\_\_

**10. ORDER IS FOR**

☐ APPEAL      ☐ BANKRUPTCY      ☒ ADVERSARY  
☐ OTHER: \_\_\_\_\_

**11. PORTIONS REQUESTED** (Indicate the portion of the hearing/trial requested)

☒ Entire Hearing/Trial      ☐ Court Ruling Only  
☐ Voir Dire      ☐ Testimony of (Specify Name): \_\_\_\_\_  
☐ Opening Statement (Plaintiff) \_\_\_\_\_  
☐ Opening Statement (Defendant) \_\_\_\_\_  
☐ Closing Statement (Plaintiff) \_\_\_\_\_  
☐ Closing Statement (Defendant)      ☐ Other: \_\_\_\_\_

**12. REQUESTED TURNAROUND TIME**

☐ Daily (24-Hour)      ☐ 7-Day Expedited  
☐ 14-Day Expedited      ☐ Standard (30-Day)

**13. NUMBER OF COPIES REQUESTED** (Transcript request includes 1 copy for the Court)    1

*By signing below, I certify that I will pay all charges for the preparation of the transcript, including search fee, deposit, and any additional charges as specified by the assigned transcriptionist.*

/s/ Daniel C. Fleming

9/23/2020

Signature of Person Ordering

Date

FOR COURT USE ONLY	DATE	BY
ORDER RECEIVED BY INTAKE		
SEARCH FEE PAID		
FILE(S) UPLOADED		